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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 10/569,585			ing Date 27/2006	To be Mailed	
l													HER THAN	
	FOR		NUME	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
⊠	BASIC FEE (37 CFR 1.16(a), (b)	or (c))		N/A		N/A			N/A	150	1	N/A		
×	SEARCH FEE (37 CFR 1.16(k), (i),			N/A			N/A		N/A	250	1	N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A				N/A		N/A	100		N/A		
	ΓAL CLAIMS CFR 1.16(i))		14 minus 20 =		us 20 =	* 0			X \$25 =	0	OR	x \$ =		
	EPENDENT CLAIN CFR 1.16(h))	MS	1 minus 3 =		nus 3 =	* 0			X \$100 =	0		x \$ =		
	APPLICATION SIZ (37 CFR 1.16(s))	E FEE	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										180				
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL	680		TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT		CLAIMS REMAINII AFTER AMENDM			HIGHES NUMBE PREVIO PAID F	R DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	N	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	N	Minus	***		=		x \$ =		OR	x \$ =		
	Application S													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT		CLAIM REMAIN AFTEI AMENDM	ING R		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	V	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	N	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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